The
**HEALTH FEDERATION**
*of* Philadelphia

January 25, 2016

To Bipartisan Chronic Care Working Group of the United States Senate Finance Committee:

As a metropolitan area association of community health centers, the Health Federation of Philadelphia is grateful for the opportunity to comment on the Policy Options Document (2015). The Health Federation directly assists our network of safety net primary care providers in integrating behavioral health into primary care, achieving PCMH recognition, implementing population management strategies and strengthening quality improvement infrastructure at both the practice and the network levels. The issues raised in your Policy Options Document have direct relevance for our work and for achievement of our collective goals.

The United States currently has one of the most exciting and transformative opportunities to improve the health of our population and create a more effective and efficient delivery system. The inception of the Triple Aim and concepts of accountable care coupled with the rise of team-based, multi-disciplinary models of proactive care delivery, including integration of behavioral and primary care and care management, have shown that we are moving toward greater accountability for improving the health of our citizens while managing cost. However, there remain barriers to fully maximizing the opportunities before us.

We are also fortunate that there are emerging initiatives to fund chronic care management services and health behavior assessment and intervention as necessary components of creating effective and sustainable models of care to address the needs of complex patients. Such reimbursement policies enable and incentivize services that help patients manage their own health and partner with their providers in a shared accountability for their health outcomes and, though collaborative care planning, to utilize healthcare resources more efficiently.

We applaud this committee's thoughtful policy proposals and would like to offer a few additional important recommendations related to five initiatives: *Improving Care Management Services for Individuals with Multiple Chronic Conditions, Addressing the Need for Behavioral Health Among Chronically Ill Beneficiaries, Encouraging Beneficiary Use of Chronic Care Management Services, Expanding Access to Prediabetes Education* and *Expanding Access to Digital Coaching.*

According to the American Association of Medical Colleges, by the year 2020 America will have a shortage of 45,400 primary care physicians to meet the projected primary care population of patients.[1] The healthcare industry at-large as well as many in the medical community recognize that primary care providers (PCPs) cannot impart the needed volume of high-quality care alone.[2] Other licensed

1. Kirch DG, Henderson MK, Dill MJ. Physician workforce projections in an era of health care reform. Annual Review of Medicine. 2012; 63: 435-445. DOI: 10.1146/annurev-med-050310-134634

2. Corso KA, Dorrance K, LaRochelle, J. The Physician Shortage: A Red Herring in American Healthcare Reform. Manuscript submitted for publication in Military Medicine.

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independent healthcare practitioners who have the training and experience in the five areas listed above can assist the primary care teams and therefore be leveraged to better meet the needs of our growing patient population. Without their inclusion, as we expand the scope of sustainable healthcare and thereby increase demand for those services, we will increasingly face additional health workforce shortages and limitations in service capacity.

While the medical home model of care, accountable care organizations and other recent healthcare reform initiatives increase support and reimbursement for chronic care management, including behavioral health conditions, and for health education and "coaching," a few major obstacles stand in the way of our fully benefitting from these promising initiatives. Namely, there are barriers for other qualified non-physicians to receive reimbursement for work that aligns with the **five initiatives**. We recognize that CMS payment for healthcare services is in transition with a goal of moving away from fee for service payment. We look forward to the flexibility that will be given to provider organizations as we move towards bundled payments and global budgets. Organizations will be able to pay for services that have demonstrated value without the constraints of rules about which types of providers can bill for which types of services. In the meantime, efforts to expand behavioral health integration into medical settings would benefit from removing a number of current obstacles. The specific obstacles include:

1) **Health Behavior Assessment and Intervention (HBAI) Codes (96250-96159)**
    a. Present Problem: Currently, these are only "turned on" in certain states and the permissibility of reimbursement (at all and for same-day reimbursement) fluctuates.
    b. Proposed Solution: These must be universally "turned on" in every state – and permanently "turned on" as they enable current clinical psychologists, clinical social workers (LCSWs), family therapists (LMFTs), professional counselors (LPCs) to manage the same chronic diseases listed in the policy proposal, through their provision of brief, focused assessments and interventions as part of a healthcare team.

2) **Unnecessary limitations on the non-physician medical providers who are reimbursed by Centers for Medicare and Medicaid Services (CMS) for Chronic Care Management (CCM) Codes (99490)**
    a. Preset Problem: Currently, the only non-physician professionals who are reimbursed by CMS for CCM services include certified nurse midwives, clinical nurse specialists, physician assistants, and nurse practitioners.
    b. Proposed Solution: Other licensed practitioners such as clinical psychologists, clinical social workers, family therapists and professional counselors must be reimbursed for delivering CCM services, especially when including behavioral health conditions in the definition of chronic care, given that these services are well within their professional scope of practice and clinical expertise.

3) **Unnecessary limitations on the non-physician medical providers who can be reimbursed by CMS for Office or Other Outpatient Evaluation and Management (E&M) Codes (99201-99205; 99211-99215; 99241-99245)**
    a. Preset Problem: Currently, the only non-physician professionals who are reimbursed by CMS for E&M services include certified nurse midwives, clinical nurse specialists, physician assistants, and nurse practitioners. Clinical psychologists and clinical social

workers engage in the exact same clinical behaviors, judgments, and decisions as those physicians and non-physicians who are currently reimbursed under these E&M codes.

b. Proposed Solution: Other licensed practitioners such as clinical psychologists, clinical social workers, family therapists and professional counselors must be reimbursed for delivering E&M services, considering that these services are well within their professional scope of training, practice and clinical expertise.

4) **The absence of Licensed Family Therapists and Licensed Professional Counselors in the CMS Physician Fee Schedule**

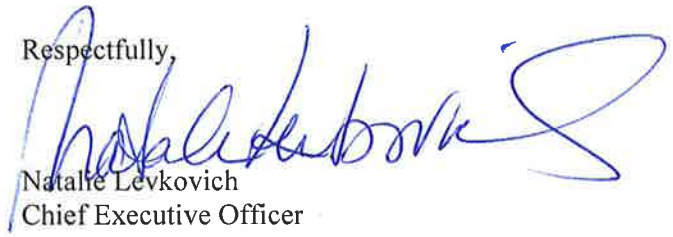
   a. Present Problem: LMFTs, specific non-physician licensed independent practitioners who use the biopsychosocial model of healthcare delivery to manage general health or mental health conditions, are not currently reimbursed by CMS although the clinical services they provide (when funded privately) are the same as those listed under HBAI Codes, CCM Codes and the aforementioned E&M Codes. Similarly, the licensure requirements for professional counselors are largely the same as for clinical social workers, as is their scope of practice.

   b. Proposed Solution: Add the LMFT and LPC specialties to the Fee Schedule at the same level as other masters level licensed independent practitioners (i.e., clinical social work) as they are qualified to conduct the same services as clinical social workers and clinical psychologists.

While the goals of this Bipartisan Chronic Care Working Group are laudable, the outcomes of improved population health and reducing cost can only be achieved if we have the system capacity to delivery the right care at the right time to meet patients' needs. Current CMS policies leave out appropriate clinicians who are well-qualified to help manage chronic medical conditions; improve behavioral health; and educate, motivate and coach patients. If clinical psychologists, clinical social workers, family therapists and professional counselors are not reimbursed for the care they provide, we will not have the adequate capacity to manage the health needs of our chronic care population.

In conclusion, we encourage CMS to embrace an expanded definition of the qualified workforce that can be reimbursed and enlisted in sustainable efforts to achieve Triple Aim goals and to consider further near-term movement toward value-based reimbursement. Thank you for your consideration of these points.

Respectfully,



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